



**HAYDEN CATHOLIC HIGH SCHOOL  
VERIFICATION OF SERVICE HOURS FORM**

**Mr. Jared Samson | samsonj@haydencatholic.net | 785-272-5210 ext 131**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Supervisor's Relationship to Student \_\_\_\_\_

Total Hours Student Worked \_\_\_\_\_

Supervisor's Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Brief Description of Service \_\_\_\_\_

Corporal Work of Mercy | Parish | Community (Circle One)



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